

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4869-62-034707
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

VS 300
Rev. 4/59

1
2 8150

3

4 0

5 1

6

7 0

8 1

9 147X

10

11

12 76-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Stephen Parks

1. PLACE OF BIRTH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY WYANDOTTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MISSOURI		c. CITY OR TOWN KANSAS CITY, KANSAS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL, KC, MO.		d. STREET ADDRESS (If outside, give location) 722 S 3rd, KC, KS.	
3. NAME OF DECEASED (Type or print) First Middle Last FRANK JAMES DICKINSON		4. DATE OF DEATH Month Day Year SEPT. 23, 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/4/90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOTEL CLERK		11. BIRTHPLACE (City and state or country) ST JOSEPH, MO.	
13a. FATHER'S NAME JAMES E. DICKINSON		14. NAME OF HUSBAND OR WIFE WIDNA DICKINSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES 8/5/17 to 5/15/19		16. SOCIAL SECURITY NO. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA DUE TO (b) MUCOPURULENT TRACHEOBRONCHITIS DUE TO (c) CARCINOMA OF HYPOPHARYNX Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. VA attended the deceased from 6/10/62 to 9/23/62 and last saw him alive on 9/23/62		Death occurred at 12:15 AM 9/23/62 m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Signature of physician or other qualified person) [Signature]		22b. ADDRESS Kansas City, Mo.	
22c. DATE SIGNED 9-24-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-26-1962	23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
24. FUNERAL DIRECTOR C.H. BLACKMAN & SON INC. K.C., Mo.		25. DATE RECD. BY LOCAL REG. 9-14-62	
26. REGISTRAR'S SIGNATURE [Signature]			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hulbert B. Baird

Licensed Embalmer No. 4888

P. O. Address NC 24, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.